

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000055081

1. Entity Name
MR. COOL APPLIANCES, INC.



Principal Place of Business
**830EAST 1ST. AVENUE.
HIALEAH, FL 33010**

Mailing Address
**830EAST 1ST. AVENUE.
HIALEAH, FL 33010**



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0850035

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**PEREZ, MODESTO
65 OLIVER DR.
HIALEAH, FL 33010-4548**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PEREZ, MODESTO
STREET ADDRESS	65 OLIVER DRIVE
CITY-ST-ZIP	HIALEAH, FL 33010
TITLE	VP
NAME	PEREZ, BACILIA
STREET ADDRESS	65 OLIVER DRIVE
CITY-ST-ZIP	HIALEAH, FL 33010
TITLE	VP
NAME	PEREZ, RAFAEL
STREET ADDRESS	65 OLIVE DR.
CITY-ST-ZIP	HIALEAH, FL 33010
TITLE	V
NAME	PEREZ, PRISCILLA
STREET ADDRESS	65 OLIVER DRIVE
CITY-ST-ZIP	HIALEAH, FL 33010
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U088880174402
01/10/05-80009-011 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #